

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

March 6, 2017

Ms. Diann Ward, Manager
Mountain View Of Vershire
397 McIver Road
Vershire, VT 05079-9647

Dear Ms. Ward:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on January 23, 2017. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief



FEB 23 2017

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0371	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/23/2017
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MOUNTAIN VIEW OF VERSHIRE

**397 MCIVER ROAD
VERSHIRE, VT 05079**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite re-licensing survey was conducted by the Division of Licensing and Protection on 1/23/17. The following regulatory deficiency was identified.	R100		
R160 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.a Each residential care home must have written policies and procedures describing the home's medication management practices. The policies must cover at least the following: (1) Level III homes must provide medication management under the supervision of a licensed nurse. Level IV homes must determine whether the home is capable of and willing to provide assistance with medications and/or administration of medications as provided under these regulations. Residents must be fully informed of the home's policy prior to admission. (2) Who provides the professional nursing delegation if the home administers medications to residents unable to self-administer and how the process of delegation is to be carried out in the home. (3) Qualifications of the staff who will be managing medications or administering medications and the home's process for nursing supervision of the staff. (4) How medications shall be obtained for residents including choices of pharmacies. (5) Procedures for documentation of medication administration. (6) Procedures for disposing of outdated or unused medication, including designation of a person or persons with responsibility for disposal.	R160		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Licensing and Protection

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R160 Continued From page 1

(7) Procedures for monitoring side effects of psychoactive medications.

This REQUIREMENT is not met as evidenced by:

Based on record review and staff interview, the home failed to ensure that side effects of medication were monitored for 1 of 3 residents sampled (Resident #1). Findings include:

Per record review, Resident #1 is prescribed Seroquel 50 mg. in the afternoon. There was no evidence that the home was monitoring this antipsychotic medication for side effects, specifically the development of involuntary movement disorder. Per interview on 1/23/17 at 11:05 AM, the Home Manager stated that there was no record of the side effect assessment being completed, and later in the day the Registered Nurse also confirmed that this was not done for Resident #1.

R160

*R160 (7)
we have a Mars sheet
we will write the medication
on and monitor it monthly
The house nurse and
owner/manager will check
each medication for
each resident when they
are admitted and with
any change thereafter
in medication to monitor
side effects from antipsychotic
medication.*

*Date completed
2/20/2017*

*Dianna Webb
owner/manager*

*Re amt 3.1.17
RC/*